

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE OF WESTMONT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>512 EAST OGDEN AVENUE WESTMONT, IL 60559</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Annual Licensure and Certification  STATEMENT OF LICENSURE VIOLATIONS:	S 000		
S 625	Section 300.625 Identified Offenders  This Regulation is not met as evidenced by: 300.625 Identified Offenders m) The facility ' s reliance on the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act shall not relieve or indemnify in any manner the facility ' s liability or responsibility with regard to the identified offender or other facility residents.  n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents.  This requirement is not met as evidenced by:  Based on interview and record review facility failed to perform and document periodic assessments to evaluate identified offender (IO), risk status and the need to change risk level and supervision needs on one of one identified offender ' s in facility (R1).  The Findings include;  On 12/08/2015 at 9:30 AM, E1 (Administrator),	S 625		1/6/16

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/22/15

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**MANORCARE OF WESTMONT**

**512 EAST OGDEN AVENUE  
WESTMONT, IL 60559**

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S 625	<p>Continued From page 1</p> <p>stated facility has only one IO (R1).</p> <p>R1 was admitted to facility 5/27/2014 with a positive criminal background for " Battery " .</p> <p>R1 ' s 11/17/2014 criminal history analysis report (CHAR), recommendations state: (R1) is a Moderate Risk identified offender, " requires closer supervision and more frequent observation than standard or routine for most residents in an open facility. Regular monitoring should be attentive to behavioral changes that may signal a need for closer observation or sustained visual monitoring on a time limited basis. Periodic assessments should ascertain whether the level of supervision is sufficient. "</p> <p>R1 ' s CHAR report also states the following specific considerations were important in arriving at this recommendation: (R1), is a 53 year old male whose only conviction was for Battery in 1997. (R1) suffered a CVA (stroke), is a fall risk and uses a wheelchair to ambulate. On November 17, 2014 (R1) threatened to hit a nurse aide and threw a wet gown at the aide. Due to his recent act of aggression (R1) is deemed a moderate risk at this time.</p> <p>R1 ' s current care plan include at risk for behavior symptoms related to past history of criminal battery conviction. No interventions listed related to the need for increased supervision, the CHAR recommendations or periodic analysis of IO risk level changes.</p> <p>R1 ' s most recent minimum data set assessment (MDS), 11/20/2015, documents alert and oriented and able to self propel wheel chair throughout facility.</p>	S 625		

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S 625	<p>Continued From page 2</p> <p>On 12/08/2015 at 9:50 AM, R1 observed up in wheelchair at bedside. R1 was fully cognizant, able to communicate needs and placed in a room with two other male roommates.</p> <p>On 12/09/2015 at 10:00 AM, E1 stated facility has not completed periodic IO assessments on R1 to evaluate risk level or assessments for aggressive behaviors since the last annual survey (01/15/2015).</p> <p>R1 's medical records included an 11/27/2015 behavioral incident. This incident report documented R1 had an un-provoked episode of using profanity toward another resident.</p> <p>On 12/10/2015 at 10 AM, E1 stated R1 gets irritated by a certain male resident, so we keep them apart</p> <p style="text-align: center;">(B)</p>	S 625			